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ABSTRACT

Although it has been estimated that 28,000,000 Americans may be children of alcoholics, these individuals have only recently been given serious attention by researchers and clinicians. Empirical studies pertaining to the effects of having alcoholic parents were reviewed and several clusters of characteristics were derived from the findings: (1) emotional traits; (2) personality characteristics; (3) identity issues; (4) physical health; (5) social relationships; and (6) school involvement. Within each of these clusters, individual factors were examined and were found to vary as to the degree of consistency and quantity of empirical data. In general, however, a useful degree of consensus was found and existing conflicts were tentatively resolved. The studies do not eliminate the possibility that many of the characteristics found in children of alcoholics may also occur in children from families which are dysfunctional in alternate ways. In addition, the studies have not explored the possibility that many children may have alcoholic parents without the stereotypical results. A 48-item reference list concludes the document. (NE)

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CHARACTERISTICS OF CHILDREN OF ALCOHOLICS - A REVIEW OF EMPIRICAL STUDIES

A Doctoral Research Paper

Presented to

the Faculty of the Rosemead School of Psychology

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

by

Vin Poston

May 1987

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CHARACTERISTICS OF CHILDREN OF ALCOHOLICS -

A REVIEW OF EMPIRICAL STUDIES

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ABSTRACT

CHARACTERISTICS OF CHILDREN OF ALCOHOLICS -
A REVIEW OF EMPIRICAL STUDIES

Vin Poston

This literature review evaluated approximately 20 empirical studies pertaining to the effects of having alcoholic parents. Several clusters of characteristics were derived from the various findings. These include emotional traits, personality characteristics, identity issues, physical health, social relationships, and school involvement. Within each of these clusters, individual factors were examined and were found to vary as to the degree of consistency and quantity of empirical data. On the whole, however, a useful degree of concensus was found and existing conflicts were tentatively resolved. However, the findings do not eliminate the possibility that many of the characteristics found in children of alcoholics may also occur in children from families which are dysfunctional in alternate ways. This review concludes with a discussion of the clinical implications of the findings.

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Characteristics of Children of Alcoholics - A Review of Empirical Studies

It has been estimated that approximately 12 percent of the population, 28 million Americans, are children of alcoholics and yet only recently has this group been given the serious attention due a social problem of such proportions. This neglect has followed a typical pattern in which the focus of intervention has centered on the problems of the primary impaired person and not the peripheral victims. The recognition of the needs and specific features of children of alcoholics has evolved slowly and rather recently. Although the problems of these children were touched on as early as 1954 at the world convention of Al-Anon, it wasn't until 1969 that the first book on children of alcoholics was published. In varying degrees, research, clinical experience, and theorizing has followed and by 1983, the National Association for Children of Alcoholics was founded.

In much of the current literature describing children of alcoholics, one finds various characteristics and their etiologies. Such features as "fear of losing control, an overdeveloped sense of responsibility, living in a world of denial," and "a tendency to react rather than to act" are examples of commonly cited results of parental alcoholism. The rationales given for these are very convincing yet seem to be based primarily on clinical

observations rather than empirical studies. Therefore, the purpose of this paper is to evaluate the current body of research in order to determine if some concensus exists regarding the empirically-based characteristics of children of alcoholics. The most comprehensive review (el-Guebaly & Offord, 1977) was organized according to the ages of the subjects and the most recent review (Watters & Theimer, 1979) focused on research methodology. Considering these previous review perspectives and the intervening years of research, the present review of specific characteristics seems timely. Determining if such a concensus exists is important for several reasons. To distill the various research findings down to a basic body of results could assist in looking backwards to discover etiology, which would facilitate prevention strategies. Further, this distillation could benefit diagnostic efforts and treatment strategies.

Further, it is commonly believed that having alcoholic parents produces a syndrome which is unlike any other. Therefore, a secondary goal of this review is to determine if children of alcoholics develop deficits which are unique to them or if they share difficulties which are common to children from other dysfunctional families.

With these goals in view, an attempt was made to evaluate all available empirical studies on children of alcoholics. Approximately 20 studies were located,

spanning from 1962 to 1984. The methods of the studies reviewed were fairly evenly divided between use of either interviews and questionnaires or assessment instruments. Several used both and a few used retrospective analysis of existing records.

In delineating the parameters of this review, two specific areas were excluded. The first was fetal alcohol syndrome. This has been the focus of much study in its own right (Clarren & Smith, 1978; el-Guebaly & Offord, 1977; Holzman, 1982, Randall & Riley, 1984) and is clearly an organic effect of alcoholism and thus too far afield for this review. Also, both the genetic and sociological aspects of the intergenerational transmission of alcoholism have been studied extensively (Cutter & Fisher, 1980; Goodwin, 1977; McKenna & Pickens, 1981). Alcoholics producing alcoholic children is a branch of study which is so distinct and broad in itself that it also extends beyond the scope of this paper.

Methodological Issues

Certain methodological issues will be addressed throughout the review of the literature as they pertain to specific findings. However, a discussion of some of the broader issues found will be provided initially since they have bearing on most of the studies reviewed.

Definition of Alcoholism

One of the most essential aspects of this type of research centers on the definition of a child of an alcoholic. This requires that the type, severity, and results of parental drinking be clearly defined and operationalized. However, the studies reviewed had a wide range of methods for determining this critical variable. Some studies provided no explanation for determining parental alcoholism while others attempted to operationalize parental alcoholism by using specific scores on alcoholic questionnaires.

The importance of this issue is illustrated in the Lund and Landesman-Dwyer study (1978) in which the criteria of parental alcoholism was not clearly operationalized and depended primarily upon the admitting caseworker's subjective evaluation. Therefore it is possible that only the most blantant cases of parental alcoholism were detected. This means that children with undetected alcoholic parents would have been misclassified into the control group, thus weakening any significant differences. Future research should specifically operationalize and standardize this critical aspect of study in order for a body of comparable data to accumulate.

Age and Duration When Exposed to Alcoholism

Another facet of having alcoholic parents is that of timing. Little attention is given regarding how long the parent had been drinking or at which point in the child's life the alcoholism began. Only one study directly addressed this. Rouse, Waller and Ewing (1973) had their subjects rate their fathers' drinking according to their perceptions of it "during their formative years." However, this technique was very subjective. The Moos and Billings study (1982) examined recovered and relapsed alcoholic parents which meant they had to evaluate duration of drinking and abstinence patterns. This proved to be a useful approach in that distinct differences were found between the children of relapsed and recovered alcoholics. However, no attempt was made to correlate duration with specific ages of exposure. While in general, the research illustrates that children of alcoholics suffer in certain ways, specifics regarding how much drinking and at which ages it is detrimental have yet to be fully explored.

Sample Selection

In the studies reviewed, the researchers typically took one of two approaches in selecting their subjects. They either began with a population of problem drinkers in treatment and compared their children with children of non-drinkers or they began with a population of children

and compared those with and without alcoholic parents. Each of these approaches can create results which may not be broadly generalizable.

Regarding the first approach, the problem may exist that the alcoholic in treatment does not represent alcoholics or problem drinkers who evade treatment yet still impact their children. The alcoholic in treatment is more likely to be the one who finally shows up because he has exhausted all other resources. Thus it is possible that these alcoholics represent only the worst cases. While it may be tempting to argue that risk to offspring is simply greater among alcoholics in treatment, yet still representative of all alcoholics, without evidence from non-treatment cases, the validity of such conclusion remains to be established. The study of offspring whose parents are already in treatment provides data which has limited generalizability, thus not applicable to all children of alcoholics. Risk would be better determined by sampling offspring of individuals with drinking problems regardless of their treatment status.

Regarding the approach which begins with an existing group of children, the Barnes and Benson (1979) study provides a good example. They began with a group of undergraduate psychology majors and based on the subjects' responses about their fathers, placed them into groups with or without alcoholic fathers. The differences were

meager probably because these subjects represented an atypical group of children of alcoholics, as evidenced by their success in college, and are not broadly representative of most children of alcoholics. However, this study does point out that all children of alcoholics are not destined to suffer insurmountable obstacles.

With these broad issues in view, the specific characteristics of children of alcoholics will now be addressed with relevant criticisms raised as they pertain to the findings.

Research Findings

The main clusters of characteristics to be examined include the following: emotional traits, personality characteristics, identity issues, physical health, social relationships, and school involvement. These clusters were derived from evaluation of all the various types of findings enumerated in the studies reviewed. They are not completely discrete in that overlap is inevitable, yet these categories seemed to best organize the diverse data available.

Emotional Traits

First, the emotional traits found in children of alcoholics will be addressed. Several of these appear frequently in the literature. These can be categorized as depression, anxiety, anger, and impulsiveness.

Depression.

Depression is one of the most often cited emotional traits in children of alcoholics. For example, Aronson and Gilbert (1962) focused on elementary-age sons of alcoholics in a public school. Their father was considered an alcoholic if his drinking "resulted in injury to his health or to his social or economic functioning," according to various health and welfare agencies. Teachers were told to rank order four of their male students on 36 items. The teachers had no idea that the study related to alcoholism nor did they know which of the boys was the subject or the control. Overall, 32 of the items indicated that sons of alcoholics were different than thier controls. Regarding depression, these subjects tended to be more moody and depressed ($p < .01$) and less happy and content ($p < .01$).

Hughes (1977) compared 25 adolescents with one or both parents alcoholic to controls who were matched by age, sex, grade, and fathers' occupational level. The children of alcoholics had significantly more "negative mood states" as measured by the Profile of Mood States Inventory ($p < .01$).

Goodwin, Schulsinger, Knop, Mednick, and Guze (1977), using extensive interviews, compared daughters, whose mean age was 32 and who had been reared in an alcoholic home, with age-matched controls taken from census records and

found the daughters of alcoholics had significantly more history of depression ($p < .02$). These daughters of alcoholics all had sisters who had been given over to foster parents, perhaps indicating that severe family disruption was a part of their family milieu. This, combined with the fact that the study was done in Denmark where, to be labeled "alcoholic" requires extreme symptomology, suggests that the experimental subjects were exposed to the harshest form of parental alcoholism. Therefore generalization of these results to children of less severe problem drinking may be questionable.

In a study by Moos and Billings (1982), children of relapsed and recovered alcoholic parents were compared with children from socio-demographically matched control families by utilizing the Health and Daily Living Form and the Family Environment Scale. They found that the children of relapsed alcoholics had more depression than did the controls ($p < .05$), based on their mothers' ratings.

Rouse, Waller, and Ewing (1973) examined the effect of a father's drinking on a random sample of 12 to 15-year-old adolescents. Based on the adolescents' responses, those whose fathers were heavy drinkers reported being "often blue" significantly more often than did those whose fathers were abstainers ($p < .01$).

Tartar, Hegedus, Goldstein, Shelly and Alterman (1984) compared delinquent male adolescents with and without an alcoholic father on various measures including the MMPI. The sons of alcoholics were significantly higher ($p < .05$) on the Depression Scale, though neither group was above 70 T.

In a related study, Miller and Jang (1976) took a twenty-year longitudinal approach. Utilizing many sources of records on lower-class, multiproblem families, with and without alcoholic parents, they discovered that suicide was more likely to be attempted by the offspring of alcoholics, even when other common environmental factors were taken into consideration. It may be that these children could endure many other disadvantages as long as they had parents who were available emotionally to support them. However, alcoholic parents may not fulfill this role. Therefore, these childen may have felt abandoned, overwhelmed and depressed, which may have been evidenced by their suicidal behavior.

In contrast to these preceding studies, McKenna and Pickens (1983) found no significant differences on the MMPI Depression Scale between those who had grown up with or without alcoholic parents. However, this is perhaps due to the fact that their entire subject pool was composed of middle-aged, chronic alcoholics. Their common alcoholic condition easily could have created similar

degrees of depression, thus weakening any apparent differences between the groups. This is especially likely since depression and alcoholism has often been linked (Winokur, cited in Goodwin et al., 1977).

Also, Barnes and Benson (1979) failed to find support for depression. In their study, college women were classified regarding their fathers' alcoholism, which was established by the Michigan Alcoholism Screening Test. The two groups did have some differences in socioeconomic status, but otherwise were matched well. The results revealed no significant differences on the Depression Adjective Check List. However, since the subjects had been successful enough to enter college, they likely represent a select sample of daughters of alcoholics who had overcome their deficits to an atypical degree. Therefore, this absence of depression likely does not represent children of alcoholics in general.

As can be seen, consistency exists among most of these studies and selection of the populations account for the lack of significant findings in those studies which weren't supportive of children of alcoholics being depressed. Groups of young children, adolescents, and middle-aged subjects each reported depression if they had alcoholic parents. Even the long-term studies supported this phenomenon. As the following section demonstrates, children who grow up with alcoholic parents often are

angry, possibly for having inadequate, disappointing, and frightening parents. This anger may then be turned inward upon themselves resulting in depression. More directly, they may simply be filled with a sense of loss over their inadequate parents. Further, it may be that the lack of emotional availability from their alcoholic parents may leave them feeling a lack of internal cohesion and a great emptiness. This could lead to apathy which is so much a part of depression.

Anxiety.

Another potential impact of parental alcoholism is on the anxiety level of the children. Fine, Yudin, Holmes, and Heinemann (1976) administered the Devereux Child Behavior Rating Scale to subjects who were 8-18 years old. In addition, they examined school records and conducted personal interviews. The experimental group was selected from a patient population at a community mental health center and who had at least one alcoholic parent in treatment elsewhere for alcoholism. Three others were used for comparison: a control group who had non-alcoholic parents who were clients at the same mental health center, a "normal" group which wasn't described, and an institutionalized disturbed group which was composed of 252 "atypical children," ages 6-13 in four residential treatment centers. The results indicated that while both the experimental group ($p < .01$) and the

control group ($p < .05$) were more anxious than the "normals," the experimental group was not more anxious than the control group. Therefore, it can be concluded that alcoholism can be seen as just another form of family dysfunction and the experimental and control groups might be essentially the same, thus explaining the lack of significant differences.

Haberman (1966) interviewed mothers in families which had one parent with alcoholism, chronic stomach problems, or was free of either. According to their reports, he found that the children in the alcoholic homes had more unreasonable fears and stuttering. One drawback to this study is that it is not clear whether those mothers reporting were the alcoholic parent or not. If they were, they may have been overly sensitive to their children's behaviors due to their alcoholism and thus over-reported annoying behaviors. There were no details of how standardized the interview was and thus there could have been little control for subjective behavioral estimates.

The Moos and Billings (1982) study, described earlier, also found that children of relapsed alcoholics had significantly more anxiety ($p < .05$), one of the evidences being a significantly higher occurence of nightmares ($p < .05$).

Similarly, the Rouse, Waller, and Ewing (1973) study, also described earlier, found that generally, subjects

reported higher percentages on stress measurements, although not always significantly different statistically from the control group. The one exception was that children of abstainers reported more nightmares than did children of heavy drinkers ($p < .001$). This study did not provide strong evidence for higher anxiety due to the lack of significant differences, except regarding the occurence of nightmares. However, in view of the consistently higher percentages, a definite trend exists.

These studies reviewed provide adequate evidence for concluding that anxiety is likely a common emotional state in which children of alcoholics find themselves. Given the emotional lability of alcoholic parents and frequent environmental instability, it is not hard to understand the source of such anxiety. Not only is it possible that alcoholic parents create much anxiety, but they also may not be emotionally available to help modulate even the normal amount of daily tension all children must face.

Anger.

A third emotional trait commonly associated with children of alcoholics is that of anger. The Aronson and Gilbert study (1962) described above, found that the sons of alcoholics more often "failed to take their frustration in stride" ($p < .10$) and were more "open and direct in their anger" ($p < .10$) than were their classmate controls.

These findings are in harmony with those of the Haberman (1966) study detailed earlier, in which mothers in alcoholic homes reported that their children had a higher percentage of temper tantrums (39% vs. 22%) and constant fighting with peers (19.5% vs. 8%). But again, since the reporting mothers may have also been the alcoholic parent, these results may be somewhat unreliable.

Further support resulted from Obuchowska's (1974) research, in which she interviewed fourth graders and their principal as well as administered the Thematic Apperception Test to those having one, two or no alcoholic parents. She discovered that children with at least one alcoholic parent produced responses to the TAT cards which were characterized by aggression. Data from interviews with the subjects and their principal also revealed higher levels of aggression.

In a similar study, McKenna and Pickens (1983) found that increases in a subscale measure of aggression on the MMPI was directly associated with the number of alcoholic parents the subjects had. These findings may be especially robust. All the subjects were chronic alcoholics themselves at the time of the MMPI administration and any significant differences between those with and without alcoholic parents must have been

strong enough to have overridden the effects of ther more immediate, common alcoholism.

Finally, Rouse, Waller, and Ewing (1973) found no statistically significant differences between children of abstainers, moderate, or heavy drinkers regarding "loss of temper when angry." However, the children of moderate and heavy drinkers each had higher percentages (29% and 45% respectively) of items on this scale than did the children of abstainers (23%).

Therefore, these findings, which stem from a variety of methods and populations, seem to indicate that children of alcoholics have a higher degree of anger than do children of non-alcoholic parents. Perhaps this is due to the alcoholic parents' failure to meet their children's emotional or physical needs. Such children easily could feel rejected, leading to a core of rage. Further, children may view their alcoholic parents as weak and thus unable to withstand their rage. Thus peers or siblings may become the safe targets of such displaced anger, resulting in the aggression, fighting, and tantrums cited in the studies above. Also, it may be that anger is frequently modeled by the drinking parent.

Impulsiveness.

Impulsiveness and poor self-control emerged as an issue in several research studies. The Fine, Yudin, Holmes, & Heinemann (1976) study detailed in the

discussion of anxiety, revealed that the subjects with at least one alcoholic parent were more "hyperactive-expansive" ($p < .01$), were less able to maintain attention ($p < .05$), were less able to contain their excitement, moods and aggression ($p < .05$), and had emotional control which was poorer than the normal group ($p < .01$). While this study reveals significant differences between the children of alcoholics the normal subjects, it does not reveal any significant differences between the children of alcoholics and control subjects who differed only in that their parents were being treated for other psychological problems instead of alcoholism. Thus the results may not be positively attributed to parental alcoholism any more than to the presence of general family dysfunction resulting from other parental deficits. This is not to say that parental alcoholism does not result in impulsiveness in the offspring. It simply may not be the only source.

In an effort to avoid the limitations which can result from small sample sizes of narrow populations, Lund and Landesman-Dwyer (1978) worked with over a thousand adolescents of both sexes which they drew from various group homes throughout Washington state. The only difference in their groups was whether the subjects had at least one alcoholic parent or not. Alcoholism was defined as a "record of excessive drinking by one or both parents

while the child was in that living situation or an explicit reference in the records to alcoholism." A previously-mentioned drawback in this study is that there was no systematic procedure for determining the alcoholism of the parents so that possibly only the most severe forms of alcoholism were noted. Also, in some cases, only one parent was evaluated and it is possible that the unreported parent could have been alcoholic. Thus, these errors would allow for some children of alcoholics to be misclassified as from non-alcoholic homes and would weaken the results. However, regarding impulsivity, the results indicated that the male children of alcoholics were higher on the "hyperactive-expansive" scale, had poorer emotional control, and poorer ability to delay than male controls. There were no significant differences for females, which may be linked to either the fact that typically the alcoholic parent was the father, which may cause greater deficits in sons or that the misclassification problem may have hidden possible significant, yet weaker, differences.

A third source of support comes from the Aronson and Gilbert study (1962), previously detailed, which revealed that the sons of alcoholic fathers were significantly more impulsive ($p < .01$).

In contrast, Tartar, Hegedus, Goldstein, Shelly, and Alterman (1984) found that there were no significant differences between the adolescents with or without

alcoholic fathers on "impulsivity," as measured by the Matching Familiar Figures Test and the Childhood History Checklist. These results may be questioned due to the fact that all the subjects were juvenile delinquents and may therefore be expected to have had common personality traits which could reduce differences when compared. Both groups did have abnormally high scores on hyperactivity. Thus delinquent children of alcoholics have greater impulsivity than do the general comparison group upon which the norms were based. However, the correlation between delinquency and impulsivity in this study makes conclusions about specific causation impossible.

In considering these studies, it can be concluded that there are data which suggests that impulsiveness may indeed be an emotional difficulty found in children of alcoholics. Again, th may result from a lack of parental availability to help contain their developing children's raw emotions and modulate them into appropriate expressions. Also, a direct genetic link may exist. According to Cantwell (1972), hyperactive children are more likely than nonhyperactives to have a biological father who is an alcoholic.

Personality Characteristics

Beyond the emotional traits addressed thus far, the following personality characteristics are cited in the literature: the tendency to inappropriately depend on

others, the tendency to perceive control and power residing externally to themselves, and the use of avoidance or denial to escape unpleasantness.

Dependency.

Regarding dependency, the Lund and Landesman-Dwyer (1978) study described earlier provides support. Comparison of subjects on the Devereux Adolescent Behavior Rating Scale indicated that adolescent males with one or two alcoholic parents had a higher need for approval or dependency ($p < .02$).

In addition, the Aronson and Gilbert study (1962), detailed in a previous section, found that the teachers rated the student who had an alcoholic parent higher than the three controls on "dependency," which included a high need for reassurance ($p < .01$), a low degree of self-reliance ($p < .01$), and giving up easily without outside help ($p < .01$).

In contrast to Lund and Landesman-Dwyer's study (1978) of over 1000 subjects from a statewide population, Kammeier (1971) focused on a small and narrow population of middle-class students in a Catholic high school who had completed an alcohol education and counseling program. Two school counselors, utilizing biographic, cognitive, and demographic records, evaluated whether the parents had "economic, legal, health, psychological, social or spiritual problems that stemmed from the use of beverage

alcohol." Results from comparing personality and educational tests indicated that there were few significant personality differences. One was that 9-10th grade girls differed regarding their tendency to conform. It seems that the lack of significant differences in this study may stem from the sample being drawn from a more stable and affluent population which would not be typical of severe alcoholism and thus reduce measurable effects. For example, in Williams' study (cited in Kammeier, 1971) of alcoholics, all the demographic characteristics matched those of Kammeier's subjects, except "marital intactness." Kammeier's subjects had an intactness rate of 92% in contrast to Williams' 46%. Also, differences may have been minimized by the conservative methods used to identify families with alcohol problems. It is highly probable that the total nonproblem group contained some families better able to conceal alcohol problems.

Therefore, there are two studies which give firm support for dependency being a common personality trait of children of alcoholics and one which casts only limited doubt due to its aforementioned limitations. It is easy to imagine that children, whose parents are modeling a dependent behavior such as alcoholism, would also develop similar dependent personalities. Also contributing would be the lack of parent involvement needed to build healthy confidence and self-reliance. It seems that children of

alcoholics could grow up feeling that there is no one in the background supporting them which could result in a pervasive sense of inadequacy necessitating their habitually looking to others for strength.

External locus of control.

A second characteristic, external locus of control, was addressed in only two studies. Kern et al. (1981) studied 40 children, ages 8-13. Half the subjects had at least one parent in treatment for alcoholism and half had non-alcoholic parents. Comparison of the subjects' scores on the Nowicki-Strickland Locus of Control Scale of Children revealed that the children of alcoholics were more externally oriented in terms of their locus of control ($p < .05$).

Further support for the presence of this trait comes from Prewett, Spence, and Chaknis (1981). These researchers, also using the Nowicki-Strickland measure on 15 children with parents in alcohol treatment centers and on matched controls, found significant differences ($p < .05$). This study was almost identical to that of Kern et al. except for the improvement that the subjects were also matched on socio-ecomonic status. This was an important improvement since the disrupting effects of alcoholism are often more intense in the lower classes.

This tendency to feel controlled from the outside is considered a deficit in terms of psychological functioning

(Kern et al., 1981). It causes such children to see their rewards and reinforcements as being under the control of others which may lead to dependency, as noted in the preceding section. It may also lead to apathy and feeling powerless in oneself, thus leading to depression as discussed earlier or to a "victim mentality."

Denial and avoidance.

The third personality characteristic often noted in the literature is the use of denial and avoidance. The evidence for this comes almost exclusively from Aronson and Gilbert's research (1962), detailed in a preceding section. According to the teachers' rankings, the sons of alcoholic fathers scored significantly higher on the scales pertaining to "evades unpleasantness." These indicated that these subjects daydream to avoid hard lessons ($p < .05$), avoid unpleasant situations ($p < .001$), make things seem better than they really are ($p < .01$), and blame others for their own omissions ($p < .01$).

In terms of denial of the parental alcoholism itself, the Goodwin, Schulsinger, Knop, Mednick, and Guze study (1977) described earlier illustrates this tendency. The subjects were known to have alcoholic parents from hospital records, yet when interviewed, reported a low rate of alcoholism among their parents. However, while this likely reflects denial, there is still the possibility that the low reporting may also reflect a

hesistancy to report derogatory information or possibly the fact that the parental alcoholism existed only in their early years. This study does not make this differentiation possible.

In summary, there is sparce empirical evidence for denial being part of the personality of children of alcoholics. This is surprising since denial is a characteristic commonly attributed to both children of alcoholics and alcoholics themselves.

Identity Issues

In addition to the emotional and personality aspects that have been addressed in the preceding sections, the central issue of identity has been the focus of several studies. This includes both self-esteem and sex role.

Self-esteem.

The only study which directly measured self-esteem was that of Hughes (1977). She administered the Rosenberg Self Esteem Scale to 50 adolescents. Those with at least one alcoholic parent had significantly lower self-esteem ($p < .001$) when compared with controls matched on age, sex, grade, and father's occupational level.

Lund and Landesman-Dwyer (1978) found that the adolescent sons of alcoholics scored significantly higher than the controls in terms of the "physical inferiority" scores ($p < .04$). However, the daughters did not reveal significant differences which may reflect the fact that

the majority of the alcoholism was paternal. Thus the daughters would have their mother as a healthy role model and perhaps not view themselves as physically inferior. Also, as has been mentioned earlier, only very strong results would overcome the possible misclassification problem in this design. Perhaps the comparison of daughters would have yielded significant differences if better control had been implemented over the group classifications.

Also, the Aronson and Gilbert study (1962) found a more indirect measure of "self-satisfaction" derived from teachers' observations rather than self-report by the subjects. The sons of alcoholics were found to be significantly more likely to compare themselves unfavorably with others ($p < .05$).

Thus, while the research is sparse, there is some indication that children of alcoholics have poorer self-esteem than do comparable control subjects, as measured directly or indirectly. As has been previously proposed, alcoholic parents may tend to be self-absorbed and unavailable emotionally for their children. Thus they may not provide the proper mirroring and affirmation necessary for fostering solid, positive self-esteem in their children. It is also possible that children may feel their parents' alcoholism is somehow their fault and

thus a reflection of their own defectiveness or inadequacy.

Sexual role.

A second aspect of identity addressed in the research is that of sex-role. Noonan (1981) studied twenty-eight families recruited from an alcoholism treatment center where the parent had been treated. Parental alcoholism was confirmed by administration of the Michigan Alcoholism Screening Test. Half of the families had an alcoholic father and the other half had an alcoholic mother. The subject pairs, a son and a daughter, ages 13-21, from each family, completed the Bem Sex Role Inventory (BSRI) and the Franck Drawing Completion Test (DCT). The BSRI assessed the degree of satisfaction with current sex-typed traits by comparing ratings on the "self" and "ideal self" forms of this instrument. The DCT assessed the degree of discrepancy between conscious and unconscious sex roles by comparing the BSRI "self" description with the self-image projected on the DCT. Findings indicated that sons and daughters whose opposite sex parent was alcoholic were significantly more likely to evidence a high degree of disparity between the conscious and unconscious levels of their sexual identity than were sons and daughters whose same sex parent was alcoholic. Alcoholism in the opposite sex parent also appeared to have some impact on children's satisfaction with their conscious sex-role. Daughters

whose fathers were alcoholic showed significantly more disparity between their actual and ideal sex-roles than did daughters with alcoholic mothers ($p < .02$), regardless of when the parent became a heavy drinker. While this study provides significant data regarding the impact of parental alcoholism related to the gender of the family members, the absence of a control group prevents comparison with children of non-alcoholic parents.

The McKenna and Pickens study (1983), outlined previously, indicated that the male subjects with alcoholic parents had significantly higher scores on the Male-Female scale of the MMPI than those without alcoholic parents ($p < .001$). This would indicate less conventional sex role traits. However, in contrast to the Noonan study above (1981), no interaction was found to exist between the sex of the subjects and the sex of the alcoholic parent. As mentioned previously, the major drawback of this study is that all the subjects were chronic stage alcoholics themselves. Therefore any significant differences would have to be strong enough to override the current effects of the alcoholism present in all subjects. This may explain the lack of significant differences for the women.

Mik (1970) evaluated a small sample of sons of alcoholic fathers who had been placed in a residential treatment center for antisocial children. Projective

tests showed that these sons were more likely to be inappropriately identified with their mothers and to hold ambivalent feelings towards their fathers than were other antisocial boys whose fathers were not alcoholic.

In the Barnes and Benson study (1979), summarized earlier, the Personal Attributes Questionnaire (PAQ) which measures "masculine" and "feminine" traits and the Franck Drawing Completion Test, used also by Noonan (1981), were administered. No significant differences were found using either instrument. However, it must be kept in mind that the population studied was composed of college women who by nature represent a select sample of children of alcoholics as noted previously.

Thus, there is limited and conflicting data on the issue of sex-role difficulties in children of alcoholics. Perhaps these children fail to learn specific sex-typed behaviors because of deficient modeling or teaching. They may thus fail to develop a sense of satisfaction with and pride in their sex-role since the parent with whom they identify may also feel inadequate and uncertain about his own sexual identity (Noonan, 1981). While these ideas explain the possible effect of having same-sexed alcoholic parents, the results of Noonan (1981) indicate an opposite-sex result. This could be explained by the fact that children may identify with their alcoholic parent as a means of preserving the tenuous relationship or

protecting themselves from feared aggression. According to this theory, same-sexed alcoholic parents would not create sexual identity problems, but opposite-sexed parents certainly would. While not conclusive, these studies do provide some hint that further research will likely be fruitful and more definitive.

Physical Health

There is some indication that children of alcoholics suffer not only psychologically but also physically. This can take the form of poor early development, illnesses, accidents, or outright abuse at the hands of their parents.

Early development.

Noll (1983) compared nine boys whose fathers had been arrested for driving under the influence of alcohol with well-matched community controls. Subsequent administration of the Michigan Alcohol Screening Test confirmed the presence or absence of alcoholism in the fathers. Among other instruments administered was the Revised Yale Developmental Inventory, which is an observation-based measure of a child's developmental status. Significant differences were found on developmental assessment in that the sons of alcoholics performed less well on indices of fine motor and adaptive development. These findings provide some indication that developmental deficits can occur due to environmental

factors such as lack of parental involvement in the form of early play, for example, and not solely from genetic factors.

Illnesses and accidents.

Two studies provide substantiation that children of alcoholics are subject to illnesses and accidents. Chafetz, Blane, and Hill (1971) compared case records of 100 children of alcoholics, aged 2-19, seen in a child psychiatry clinic with 100 children of matching sex, seen at the clinic at the same time, whose parents had no alcohol problem. The children with alcoholic parents were found to have significantly higher rates of illnesses or accidents during infancy ($p < .01$).

Further support for this pattern is provided by the Moos and Billings (1982) study, described previously. They found that children of relapsed alcoholics had significantly more occurences of physical ailments such as asthma, allergies, coughs, colds, anemia, indigestion or weight problems ($p < .01$).

In view of Lund and Landesman-Dwyer's (1978) finding that supervision of children of alcoholics is significantly lacking, the increase in accidents is not surprising. Similarly, a general lack of parental attentiveness may be the contributing factor in the significantly higher amount of illness in children of alcoholics as well.

Abuse.

In addition to the developmental and general health deficits to which these children are often subject, direct abuse by their parents appears to occur. In a recent small study, Wilson and Orford (1980) examined 11 families which had one parent in treatment for alcoholism. Results of the informal, unstructured interviews revealed that there were five cases of "violence," two of "threats," and four of "abuse of children." In all but one case, the violent person was the alcoholic. The main weakness of this study is a lack of a control group, therefore no definitive conclusions can be drawn.

The Rouse, Waller and Ewing (1973) study indicated that 10% of the children of heavy drinkers reported having received physical abuse from a relative or friend who was drinking. Unfortunately statistics about the children of abstainers were not given so a comparison is impossible in this study as well.

Further, the Lund and Landesman-Dwyer (1978) study found that physical abuse and neglect was reported for alcoholic families at twice the rate of nonalcoholic families. This figure may be even higher when the possible misclassification problem discussed earlier is considered.

It is clear that limited data was found to substantiate that children of alcoholics endure abuse,

even though these studies do point in that direction. It is likely that the bulk of research on this topic would be classified with alcoholism in general and studied more from the standpoint of the alcoholic rather than the child. Thus this review of literature focusing on the children of alcoholics may be incomplete in this regard.

Social Relationships

Considering the other deficits children of alcoholics often develop intrapersonally, it is not surprising that the literature demonstrates that these children also experience interpersonal difficulties as well. Such difficulties will now be examined in terms of their relationships with peers and with authority figures.

Peers.

The analysis of peer relationships revealed some of the most consistent findings within this review. The Fine, Yudin, Holmes, and Heinemann (1976) study outlined earlier found that significant differences existed between the children of alcoholics and the "normal" group on the "schizoid withdrawal" ($p < .01$), "social isolation" ($p < .05$), and "domineering/sadistic" scales ($p < .01$). This last scale indicates that the subjects weren't autonomous in a healthy sense but instead tended to provoke others to effect some interaction. However, as has consistently been the case with this study, there were no significant differences between the children of

alcoholics and the control group. Since the control group differed only in that their parents had psychological problems instead of alcoholism, these findings demonstrate that children of alcoholics don't necessesarily develop deficits especially unique from other children whose parents are dysfunctional in different ways. However, this study does show that differences exist in comparison to a general population.

In the Haberman (1966) study cited earlier, similar findings resulted. According to interviews with the mothers in homes with a parent having either alcohol problems, stomach problems, or neither, the children of alcoholics tended to stay to themselves and rarely played with others to a large degree than either comparison group.

Obuchowska (1974) utilizing the TAT, found that children with alcoholic fathers and without a strong, compensatory maternal relationship revealed no need for affiliation in the themes of their projected stories. Further, these children were often the subject of rejection by their peers and tended to isolate themselves.

Additionally, the Goodwin, Schulsinger, Knop, Mednick, and Guze (1977) study found that daughters of alcoholics had significantly fewer friends during their childhood years ($p < .01$) and also were more shy as adults

($p < .05$) than daughters of alcoholics who were adopted at birth by non-drinking parents.

Finally, Kammeier's study, described previously, found that 9th and 10th-grade girls had significantly more difficulty in social relationships than did their controls ($p < .02$). Comparison of all subjects, male and female in 9th-12th grades, and their controls, however, did not reveal significant differences. This may be due to a methodological weakness addressed previously in the discussion of dependency. It is possible that significant differences similar to those related to the 9th and 10th-grade girls would have been found for all subjects had the groups been established more carefully.

This consistency in findings is not surprising considering the many personality and emotional deficits children of alcoholics often suffer. People who are aggressive, anxious, depressed, and dependent predictably will have difficulty interacting with their peers. This problem is especially exacerbated if their identity is not firmly established, as has been addressed earlier, for a healthy self-esteem and clear sexual identity seem to be necessary for successful relationships. Also, alcoholism may undermine the relationships within the family and thus few good models would be available for children in their early years upon which to base their future interactions with others.

Authority figures.

The main authority figures with whom children interact most often are police officers and school officials. The Chafetz, Blane, and Hill (1971), study found that there was an age factor in children of alcoholics regarding their having problems with police or the courts. While no significant differences existed between the subjects with and without alcoholic parents during childhood, a significant difference did exist between these two groups during adolescence ($p < .01$).

The Hughes (1977) study provided additional support for this. In her analysis of adolescents, aged 12-19, she found that a significant difference existed between children with and without alcoholic parents ($p < .05$) regarding the question of whether the subjects had been in trouble with the law during the past year.

A study which addressed relationships with school officials was that of Miller and Jang (1976). In their 20-year longitudinal study detailed previously, they found that children of alcoholics had higher rates of suspensions (46% vs. 31%) and expulsions (14% vs. 4%) than did their controls. While these punitive steps may have resulted from issues other than poor relationships with the school authorities themselves, such as truancy, vandalism, or cheating, there is still validity in

assuming that these children had poor relationships with authority at some level.

In further support, the Haberman (1966) study found that the children from alcoholic homes had much higher percentages of reports of trouble at school for bad conduct than did the general comparison group (19.9% vs. 9.8%).

The fact that children with alcoholic parents would tend to have more difficulties in responding properly to authority figures is understandable in several ways. As has been discussed, these children have a higher degree of anger which likely stems from the disappointments they've suffered from their dysfunctional parents as well as the fact that these parents may not have adequately helped modulate their children's anger during development. This anger may be displaced from their drinking parent onto other authority figures. Also, these children often have not gotten the attention they have needed to mature emotionally, so their disrespect for those in authority may serve the purpose of fulfilling this lack. Finally, alcoholic parents often do not supervise their children adequately (Lund & Landesmann-Dwyer, 1979) which may allow them to venture into anti-social activities more easily thus bringing them into conflict with authority.

School Participation

School is such a major part of any child's life that it must be examined for data related to the impact of having alcoholic parents. A key aspect of school, the relationships children have with peers and authority, has been included above. The remaining facets, attendance and achievement, will now be addressed.

Attendance.

Making sure that a child is present in school would seem to be minimal evidence of commitment on the part of parents. However children of alcoholics often have high rates of truancy and absenteeism. For example, in the Haberman study (1966) referred to earlier, it was found that the children of alcoholics were reported to have a much higher percentage of truancy than did the general comparison group (19.8% vs. 9.8%).

Similarly, the Kammeier study (1971) found that the children of alcoholics had a significantly higher average rate of absenteeism when compared to controls ($p < .001$).

Also, Miller and Jang's (1976) longitudinal study indicated that children of alcoholics were more unlikely than children of non-alcoholics to graduate from high school ($p < .05$).

In contrast, Marcus (1983) found that no significant difference in degree of truancy existed between children, ages 7-13, who had alcoholic and non-drinking mothers.

Besides the fact that these children were younger than the researchers' subjects in other studies and therefore less likely to be truant, there were other factors which might explain the lack of significant findings. The mothers in this study were fairly well-educated, upper-middle class, predominantly employed, and largely professional. Therefore it is likely these mothers had the assistance of other care-takers who assumed the role of assuring the children attended school. In addition, it is likely that school attendance was a high priority due to the mothers' own high educational levels. Therefore, this population may not represent alcoholic families at large and generalizability is limited.

Further, Robbins, West, Ratcliff, and Herjanic (1978) examined various records and extensive interviews of 223 black men, ages 31-36, and divided them into alcoholic and non-alcoholic categories, based on the systematic evaluation and concensus of three psychiatrists. The results indicated that the children of alcoholics missed school significantly more often than the controls ($p < .05$) and that they dropped out significantly more often ($p < .03$). All the subjects in the population had high rates of parental drop-outs, early and illegitimate pregnancies, broken homes, and so forth in conjunction with the parental alcoholism. However, when these variables were controlled for, there were no significant

differences regarding truancy or dropping out of school. Thus, the impact of the alcoholic father on his child's success seems to be largely through the increased presence of other disadvantages related to the alcoholism rather than the alcoholic condition itself. Further, other familial dysfunctions besides alcoholism could create similar environmental deficits thus lending support to the idea that children of alcoholics do not experience problems which are unique from other dysfunctional families.

There is evidence that children from alcoholic homes do miss significantly more days from school than do comparable children. While it may be true that the alcoholism alone is not the sole factor in this problem, the fact remains that these children do miss school more often. Absenteeism may indicate poor health or frequent accidents which has already been demonstrated to be common in children of alcoholics. Also, the alcoholic parents may not value school highly enough to insist on attendance. The issue of truancy indicates the child has taken it upon himself to miss school without his parents overt approval, thus alcoholic parents may not monitor their children's school attendance sufficiently and thus make it easy for this to occur. A permanent dropping out of school may be due to early marriage or pregnancy, joining the military, being jailed, or being expelled, all

of which are common correlates of having alcoholic parents (Miller & Jang, 1976).

Achievement.

The academic performance of children of alcoholics often suffers along with other areas of their functioning, as evidenced by several studies reviewed. Marcus (1983), in her study utilizing the Peabody Individual Achievement Test (PIAT), found that children of alcoholics performed significantly less well in mathematics, reading recognition, and reading comprehension subtests, as well as on the overall total test score, than did the control children. However, there were no significant differences found on the general information subtest. This likely reflects that this subtest is strongly culturally influenced (Marcus, 1983) and that the lack of obtained differences may simply reflect the high socio-economic and educational level of all these subjects. Also, in almost all academic areas tested, the experimental group demonstrated a greater amount of variation in their scores than did their counterparts whose mothers had no drinking problems. For example, several children of alcoholics evidenced symptoms of severe learning difficulties as indicated by their extremely low PIAT scores. However, on the other hand, several others demonstrated excellent academic achievement with scores falling in the superior

range. An explanation for this high achievement will be addressed below.

These results are generally consistent with those of Streissguth (cited in Marcus, 1983) who administered the Wide Range Achievement Test (WRAT) to 15 offspring of alcoholic mothers and 15 controls. He found that the experimental subjects scored significantly lower on the spelling, reading, and arithmetic subtests. These similar findings complement those of Marcus (1983) in that these subjects were from a predominantly uneducated, lower-class population.

Obuchowska (1974), utilizing TAT responses, found that children whose fathers were alcoholic and whose mothers did not provide compensatory emotional contact had less achievement motivation. If the mother was emotionally available, however, the children were found to express a high need to gain social prestige, typically through academic achievement.

These three studies support the idea that children of alcoholics often have lower achievement than do their counterparts. Certainly, the poor attendance noted earlier would take its toll on academic achievement. Also, this lowered achievement may be explained further by the findings of Moos (1982). He found that the families of relapsed alcoholics significantly differed from the control families ($p < .01$) regarding the promotion of

achievement and intellectual-cultural development. It seems that alcoholic parents may fail to help motivate their offspring to seek academic excellence. While this is certainly likely, such failure could also result from many other family dysfunctions besides alcoholism.

However, Obuchowska (1974) has provided some explanation as to why there may be exceptions. Apparently, some children in certain situations avoid serious deficits from parental alcoholism by what el-Guebaly and Offord (1979) term the "competent child syndrome." Such children cope with family stress by submerging themselves in their schoolwork as a type of defense. Although this may be a form of denial, it can also be viewed as effective coping and as a character strength developed through adversity. This positive side to the entire issue of children of alcoholics is important and will be addressed in the following section.

Having now evaluated a diversity of studies and characteristics of children with alcoholic parents, this review has demonstrated that a body of data exists with a useful degree of concensus. Despite the fact that there is a need to overcome some methodological weaknesses, that there has been little replication of specific studies, and that there are aspects which have not been fully explored, it is clear that these empirical studies provide a

definite body of data which must be carefully interpreted and utilized accordingly.

Clinical Implications

Due to the natural course of development, clinical observations typically precede empirical studies. Therefore, it is not unusual for there to have been a preponderance of subjective data on children of alcoholics and a general lagging behind of objective evidence. However, this gap has steadily been decreasing in recent years and what has come forth has generally supported what has been suspected clinically all along: many children of alcoholics tend to be different than their peers.

What needs clarification is whether or not these children suffer uniquely in comparison to children in other dysfunctional families. Due to the nature of this issue, the experimental designs are limited to analysis of existing families rather than of families in which alcoholism has been either promoted or prevented to create comparison groups. Therefore, the studies reviewed can not provide any clear causative links between parental alcoholism alone and the deficits in the offspring. For example, Chafetz, Blane, and Hill (1971) found significant differences at all age levels between the children of alcoholics and their controls regarding being separated for over one year from their parents. Many of their findings may have been due to this factor alone or in

conjunction with the alcoholism. Further, others have found that a high incidence of divorce, marital separations, single-parent homes, arrests, unplanned pregnancies, and other disruptive features are commonly found in alcoholic families. Therefore, it is likely that any dysfunctional family will create children with deficits similar to those of children of alcoholics. The parental alcoholism may well exacerbate other existing problems but it may not create difficulties as unique as is commonly believed. Along these lines, the Fine, Yudin, Holmes, and Heinemann (1976) study has been cited throughout this review. They found that the children of alcoholics were similar on a number of symptoms to their controls who differed only in that their parents had psychological problems rather than alcoholism. It seems that any time a parent is unavailable emotionally to provide all that a developing child needs, difficulties arise. Thus, there appear to be many determinants in the development of the described characteristics of children of alcoholics. Many dysfunctions typically work together, parental alcoholism being only one of them.

Another important clinical issue is that of children of alcoholics who never develop the typical characteristics outlined above. The studies in the literature focus upon pathology in children at risk. Therefore, those children with healthy adjustment are

typically overlooked. Also, the subjects studied are most often children so long-term effects, once the child is out of the dysfuntional family, have not been fully explored. It is possible that the child's behavior is a reflection of the familial turmoil and not always a permanent condition (Heller, 1982).

The Moos and Billings study (1982) cited previously pointed out that children of recovered alcoholics who had been sober for two years revealed significantly less symptomology than did those children whose parents were relapsed in their alcoholism. This demonstrates that children of alcoholics are pliable and can improve greatly, when their dysfunctional parents change or when other people provide conpensatory relationships. Obuchowska (1974) supported this possibility in her discovery that children of alcoholic fathers were quite different if they had mothers who were emotionally available to them. Such children showed positive social behavior and compensated for home troubles by seeking affiliation and achieving succcess at school rather than giving up as did those children with alcoholics fathers and non-compensatory mothers. It is important to consider that many children of alcoholics are never studied because their parents are not in treatment centers from which most samples are taken. In this large, unstudied group it is possible that many break the stereotypical pattern that

has been presented in this review. This is not to say that what has been found is irrelevant, but that there may be factors which reduce the impact of parental alcoholism and which need to be understood so that effective preventative and treatment measures can be instituted.

It is hoped that what has been substantiated by the empirical studies in this review will serve as a guide in understanding clients and assist in beneficial interventions. For example, the re-educative thrust, which is vital in helping children of alcoholics, be better directed by an understanding of how alcoholic parents impact their offspring. Likewise, the supportive dimension needed in dealing with these clients could be specific and more empathetic as the findings in these studies are considered.

Often, children of alcoholics adopt an isolationist approach to life and thus they do not turn to others for help. This, combined with the fact that alcoholic families tend to downplay problems, results in an unfortunate situation. Those children who may need intervention most may be least likely to receive it. Hopefully, this review will alert clinicians to the possibility of alcoholic influences impinging upon those with whom they are in contact. School counselors, especially, need awareness of this issue since they may often be in a position to detect children of alcoholics

who aren't initiating intervention themselves. At the other end of the continuum, it will be good if clinicians realize that all children of alcoholics are not destined to have the typical characteristics. Upon hearing that a client had alcoholic parentage, hopefully such a clinician would not press the client into a preconceived mold nor become insensitive to strengths and exceptions to the stereotype.

Summary

This review has sought to analyze all available empirical studies pertaining to the effects of having alcoholic parents. Several clusters of characteristics were derived from the various findings. These included emotional traits, personality characteristics, identity issues, physical health, social relationships, and school involvement. Within each of these clusters, individual factors were examined and were found to vary as to the degree of consistency and quantity of empirical data. On the whole, however, a useful degree of concensus was found and existing conflicts were tentatively resolved. However, the findings do not eliminate the possibility that many of the characteristics found in children of alcoholics may also occur in children from families which are dysfunctional in alternate ways. Also, the studies have not explored the possibility that many children may have alcoholic parents without the stereotypical results.

It is hoped that what data does exist will serve as a guide for clinicians in not only helping those children who have suffered with alcoholic parents, but also in remaining open to the possibility that some children with alcoholic parents may have escaped the stereotypical pattern.

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